Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California **Form** City of Whittier For Official Use Only Division, Department, or Region (if applicable) T7FEB 16 PM 2: 12 Administration Designated Agency Contact (Name, Title) Jeffrey W. Collier, City Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (562) 567-9301 jcollier@cityofwhittier.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 175 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Boys and Girls Club Gala Date(s) __9 28 Provide Title/ Explanation If no: Boys and Girls Club of Whittier Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 Income ___ Dutra, Fernando If checking "Ceremonial Role" or "Other" describe below 1 Attendee Ceremonial Role Other X Income Warner, Cathy If checking "Ceremonial Role" or "Other" describe below 1 Attendee Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** 4. Promotion of community programs available to city Boys and Girls Club of Whittier 2 residents, including charitable & nonprofit organizations. bgcw.org Verification

I have read and	understand l	FPPC Regulations	18944.1 and 1894	2. I have	verified that the	distribution	set forth above	, is in ac	cordance
with the requiren	nents.								

Ch	Jeffrey W. Collier	City Manager	2-15-17
Signature of Address Head or Designee Comment:	Print Name	Title	(month, day, year)